

UNITED STATES BANKRUPTCY COURT
DISTRICT OF UTAH

In re: **David M Hammond**
Joetta A Hammond

Debtor(s).

Case No. **10-36146**

Chapter **13**

Trustee: _____

AMENDMENT DECLARATION

Please circle or underline amended material when appropriate.

1. PETITION ____ REOPENING: Yes ____ No ____ CONVERSION(13 to 7) Yes ____ No ____
When changing debtor's address, please file separate change of address form.
When amending, please submit the changes/additions only!

2. SCHEDULES: A ____ B ____ C ____ D ____ E ____ F ____ G ____ H ____ I X J X
Are you changing the address, amounts, etc., or adding a creditor?
Changing ____ Adding ____ (\$26.00 amendment fee required for D, E, & F; OR __ IFP Waiver)

3. AMENDED AMOUNTS/TOTALS OF SCHEDULES: _____

4. STATEMENT OF AFFAIRS: _____

5. AMENDED CHAPTER 13 PLAN: _____

If you have amended schedules D, E, F by adding a creditor, you owe \$26.00 amendment fee. Fee attached _____

If schedules D, E, F were amended but no creditors added or adding a listed creditor's attorney, no fee necessary.

No fee attached _____

Reason no fee is attached _____

It is the debtor's responsibility to notify additional creditors by sending a 341 notice and/or Discharge Order to the creditors added to the schedules/matrix.

A certificate of mailing to creditors should be filed with the Clerk's office (see below).

I declare under penalty of perjury that the information provided in this attached amendment is true and correct.

David M Hammond
Debtor

Date

12/23/10

Joetta A Hammond
Joint Debtor

Date

12/23/10

U.S. Trustee's Office and Trustee in the case supplied copies of amendment(s)? Yes __ No __

Scott T. Blotter 06185

ATTORNEY FOR DEBTOR(S)

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was mailed, postage prepaid, to creditors of this estate as follows (please mark the appropriate lines(s):

____ 341 Notice to creditors added by this amendment.
____ Discharge Notice to creditors added by this amendment.
____ Amended Chapter 13 Plan to all creditors.

DATED _____

Scott T. Blotter 06185

ATTORNEY FOR DEBTOR(S)

B6I (Official Form 6I) (12/07)

In re **David M Hammond**
Joetta A Hammond

Case No. **10-36146**

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| | | |
|--|---|--|
| Debtor's Marital Status: Married | DEPENDENTS OF DEBTOR AND SPOUSE | |
| | RELATIONSHIP(S): son daughter daughter daughter | AGE(S): 3 6 8 8 months |
| Employment: | DEBTOR | SPOUSE |
| Occupation | self-employed Chiropractor | |
| Name of Employer | Alpine Spine Center | Homemaker |
| How long employed | 4 years 6 months | |
| Address of Employer | 5991 S. Redwood Road Taylorsville, UT 84123 | |

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

| DEBTOR | SPOUSE |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |

3. SUBTOTAL

| | |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
b. Insurance
c. Union dues
d. Other (Specify):

| | |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |

5. SUBTOTAL OF PAYROLL DEDUCTIONS

| | |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

6. TOTAL NET MONTHLY TAKE HOME PAY

| | |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
|----------------|----------------|

7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance (Specify):

| | |
|---------------------|----------------|
| \$ <u>15,000.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |

12. Pension or retirement income

13. Other monthly income (Specify):

| | |
|----------------|----------------|
| \$ <u>0.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |
| \$ <u>0.00</u> | \$ <u>0.00</u> |

14. SUBTOTAL OF LINES 7 THROUGH 13

| | |
|---------------------|----------------|
| \$ <u>15,000.00</u> | \$ <u>0.00</u> |
|---------------------|----------------|

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

| | |
|---------------------|----------------|
| \$ <u>15,000.00</u> | \$ <u>0.00</u> |
|---------------------|----------------|

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

| | |
|---------------------|--|
| \$ <u>15,000.00</u> | |
|---------------------|--|

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Case No. **10-36146**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- | | | | |
|---|--|----|------------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home) | | \$ | <u>1,680.00</u> |
| a. | Are real estate taxes included? Yes <u>X</u> No ____ | | |
| b. | Is property insurance included? Yes <u>X</u> No ____ | | |
| 2. Utilities: | | \$ | <u>250.00</u> |
| a. | Electricity and heating fuel | \$ | <u>50.00</u> |
| b. | Water and sewer | \$ | <u>40.00</u> |
| c. | Telephone | \$ | <u>80.00</u> |
| d. | Other See Detailed Expense Attachment | \$ | <u>75.00</u> |
| 3. | Home maintenance (repairs and upkeep) | \$ | <u>1,062.00</u> |
| 4. | Food | \$ | <u>100.00</u> |
| 5. | Clothing | \$ | <u>16.00</u> |
| 6. | Laundry and dry cleaning | \$ | <u>65.00</u> |
| 7. | Medical and dental expenses | \$ | <u>300.00</u> |
| 8. | Transportation (not including car payments) | \$ | <u>50.00</u> |
| 9. | Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | <u>150.00</u> |
| 10. | Charitable contributions | \$ | <u>0.00</u> |
| 11. | Insurance (not deducted from wages or included in home mortgage payments) | \$ | <u>0.00</u> |
| a. | Homeowner's or renter's | \$ | <u>0.00</u> |
| b. | Life | \$ | <u>0.00</u> |
| c. | Health | \$ | <u>110.00</u> |
| d. | Auto | \$ | <u>0.00</u> |
| e. | Other | \$ | <u>0.00</u> |
| 12. | Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____ | \$ | <u>0.00</u> |
| 13. | Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) | | |
| a. | Auto | \$ | <u>250.00</u> |
| b. | Other | \$ | <u>0.00</u> |
| c. | Other | \$ | <u>0.00</u> |
| 14. | Alimony, maintenance, and support paid to others | \$ | <u>0.00</u> |
| 15. | Payments for support of additional dependents not living at your home | \$ | <u>0.00</u> |
| 16. | Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | <u>10,462.00</u> |
| 17. | Other | \$ | <u>0.00</u> |
| Other | | \$ | <u>0.00</u> |
| 18. | AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$ | <u>14,740.00</u> |
| 19. | Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: | | |
| 20. | STATEMENT OF MONTHLY NET INCOME | | |
| a. | Average monthly income from Line 15 of Schedule I | \$ | <u>15,000.00</u> |
| b. | Average monthly expenses from Line 18 above | \$ | <u>14,740.00</u> |
| c. | Monthly net income (a. minus b.) | \$ | <u>260.00</u> |

United States Bankruptcy Court
District of Utah

In re **David M Hammond**
Joetta A Hammond

Debtor(s)

Case No. **10-36146**
Chapter **13**

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income \$ 15,000.00

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

| | |
|--|--------------------|
| 3. Net Employee Payroll (Other Than Debtor) | \$ <u>2,115.00</u> |
| 4. Payroll Taxes | <u>0.00</u> |
| 5. Unemployment Taxes | <u>0.00</u> |
| 6. Worker's Compensation | <u>0.00</u> |
| 7. Other Taxes | <u>0.00</u> |
| 8. Inventory Purchases (Including raw materials) | <u>0.00</u> |
| 9. Purchase of Feed/Fertilizer/Seed/Spray | <u>0.00</u> |
| 10. Rent (Other than debtor's principal residence) | <u>1,950.00</u> |
| 11. Utilities | <u>172.00</u> |
| 12. Office Expenses and Supplies | <u>299.00</u> |
| 13. Repairs and Maintenance | <u>0.00</u> |
| 14. Vehicle Expenses | <u>0.00</u> |
| 15. Travel and Entertainment | <u>130.00</u> |
| 16. Equipment Rental and Leases | <u>0.00</u> |
| 17. Legal/Accounting/Other Professional Fees | <u>0.00</u> |
| 18. Insurance | <u>0.00</u> |
| 19. Employee Benefits (e.g., pension, medical, etc.) | <u>0.00</u> |
| 20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify): | |

| DESCRIPTION | TOTAL |
|------------------------------|----------|
| Advertising | 1,250.00 |
| Bank Service Charges | 25.00 |
| Licenses and Permits | 16.00 |
| TB Inc. (partner Dr. Barber) | 4,500.00 |
| Postage | 5.00 |

21. Other (Specify):

| DESCRIPTION | TOTAL |
|-------------|-------|
|-------------|-------|

22. Total Monthly Expenses (Add items 3-21) \$ 10,462.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ 4,538.00